

Case Number:	CM14-0158703		
Date Assigned:	10/02/2014	Date of Injury:	01/09/2008
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 64-year-old female with a 1/9/08 date of injury. At the time (9/17/14) of the Decision for Retrospective request for ultrasound, left knee; Doppler, lower left extremity performed on 4/28/14, there is documentation of subjective (left knee pain and swelling) and objective (mild effusion, tenderness over the medial and lateral joint lines, decreased left knee range of motion, pain on terminal left knee flexion/extension, positive left McMurray's test medially and laterally, and 4/5 strength of the left quadriceps) findings, imaging findings (ultrasound and Doppler of the left knee and lower extremity (3/10/14 and 4/14/14) report revealed degenerative medial and lateral meniscus tearing with synovitis; no deep vein thrombosis; and moderate bursitis in the medial and lateral compartment), current diagnoses (left knee degenerative medial and lateral meniscus tear with increasing effusion), and treatment to date (injections to the left knee and medications). There is no documentation of acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis; suspected deep vein thrombosis (DVT) of the lower extremities; and a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for ultrasound, left knee; Doppler, lower left extremity performed on 4/28/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Ultrasound, Diagnostic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Venous thrombosis; Ultrasound, diagnostic Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: Regarding ultrasound of the knee, MTUS does not address this issue. ODG identifies that sonography of the knee has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. Regarding Doppler of the left lower extremity, MTUS does not address this issue. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Doppler ultrasonography is indicated (such as: suspected deep vein thrombosis (DVT) of the lower extremities), as criteria necessary to support the medical necessity of lower extremity Doppler ultrasonography. Regarding repeat imaging, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of left knee degenerative medial and lateral meniscus tear with increasing effusion. In addition, there is documentation of previous ultrasound and Doppler of the left knee/left lower extremity performed on 3/10/14 and 4/14/14. However, despite documentation of subjective (left knee pain and swelling) and objective (mild effusion, tenderness over the medial and lateral joint lines, decreased left knee range of motion, pain on terminal left knee flexion/extension, positive left McMurray's test medially and laterally, and 4/5 strength of the left quadriceps) findings, there is no documentation of acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis; suspected deep vein thrombosis (DVT) of the lower extremities; and a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for ultrasound, left knee; Doppler, lower left extremity performed on 4/28/14 is not medically necessary.